

THE NATIONAL ARCHIVES

SOLDIER'S ORIGINAL

NO. 1103067

VETERAN: Frank Marks

RANK: Pvt.

SERVICE: K. 113 U.S.C. Inf

CAN NO.: 1348

BUNDLE NO.: 47

ABANDONED

[3-216 a.]

Bachman Ex'r.

No.

Act of June 27, 1890.

Nov 5 - 13 - 92

A.G. Atty Gen S. J. P. 1892
Ex. Ba Little Rock Ark June 7-92
V.A. Atty Gen Comptroller S. J. P. 1892
W. V.A. M. W. B.

Frank Marks -

P.O. Kingsland

Cleveland Co. Ark.

Service: Pt. K. 113. U. S. C. Inf.

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Apl. 7 - , 18 92

Alleges:

19/250

Any other Claim filed: No, MR

5/7/92

Numerical No. null

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

Attorney: R. E. Thornton & Co.

P. O. City -

Recognized.

Contract.

Cert. of Dis. Searched for , 18 .
(4476-50,000.)

No.

Call No. 7.

Sv Division.

(3-091.)

No.

dur
1105,067

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

June 7, 189*2*

SIR:

You are hereby directed to report yourself for medical examination to the **Board of Examining**

Surgeons

(St. and No.)

Town

County

within three months from date hereof.

The Board meets at

o'clock

every

Wednesday in each month.

Return this slip with the date of the examination indorsed hereon by the Secretary of the Board making the same.

Very respectfully,

Geo B Raum

Commissioner.

Claimant:

P. O.:

Attorney:

P. O.:

day of

189*2*

Secretary.



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Orig.

Pension Claim No. *1003067*

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Frank Marks

, Rank,

Priv.

Company *R, 113* Reg't *U.S. Inf.*

Little Rock Ark

State,

Claimant's post-office address.

Kingsland Cleveland Co Ark

[Post-office address of the Board.]

[Date of examination.]

July 20, 189*2*.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: *Loss finger from each hand and rheumatism.*

Cause of disability.

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of

dollars per month.

He makes the following statement upon which he bases his claim for

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Orig. Little finger gone from right hand. Gone also part of four finger from left. Has rheumatism now & then.

Upon examination we find the following objective conditions: Pulse rate, *76.84.88*; respiration, *18*; temperature, *98.5*; height, *5* feet *9* inches; weight, *165* pounds; age, *56* years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Little finger amputated at metacarpo-phalangeal articulation. Good stump. Two eighths. Cicatrix along palmar surface of ring finger right hand from saw. flexor tendons contracted & cannot extend finger - Two eighths. Distal phalanx of left index finger absent. Good stump - Two eighths. No signs of rheumatism. Heart normal. No other disability is found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *3/8* rating for the disability caused by *loss little finger*, *2/8* for that caused by *inj to ring finger*, and *2/8* for that caused by *injury to index finger*.

E. D. Ayres, Pres. *L. French*, Sec'y. *E. R. Dibrel*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continue record of examination here.



SURGEON'S CERTIFICATE

IN CASE OF

Frank Marks

Co. *H. 113* Reg't *100th*

Applicant for *Disch.*

No. *1103067*

DATE OF EXAMINATION:

July 20, 189*2*.

E. D. Ayres, Pres.,
J. L. French, Sec'y,
E. D. Osburn, Treas.,

BOARD.

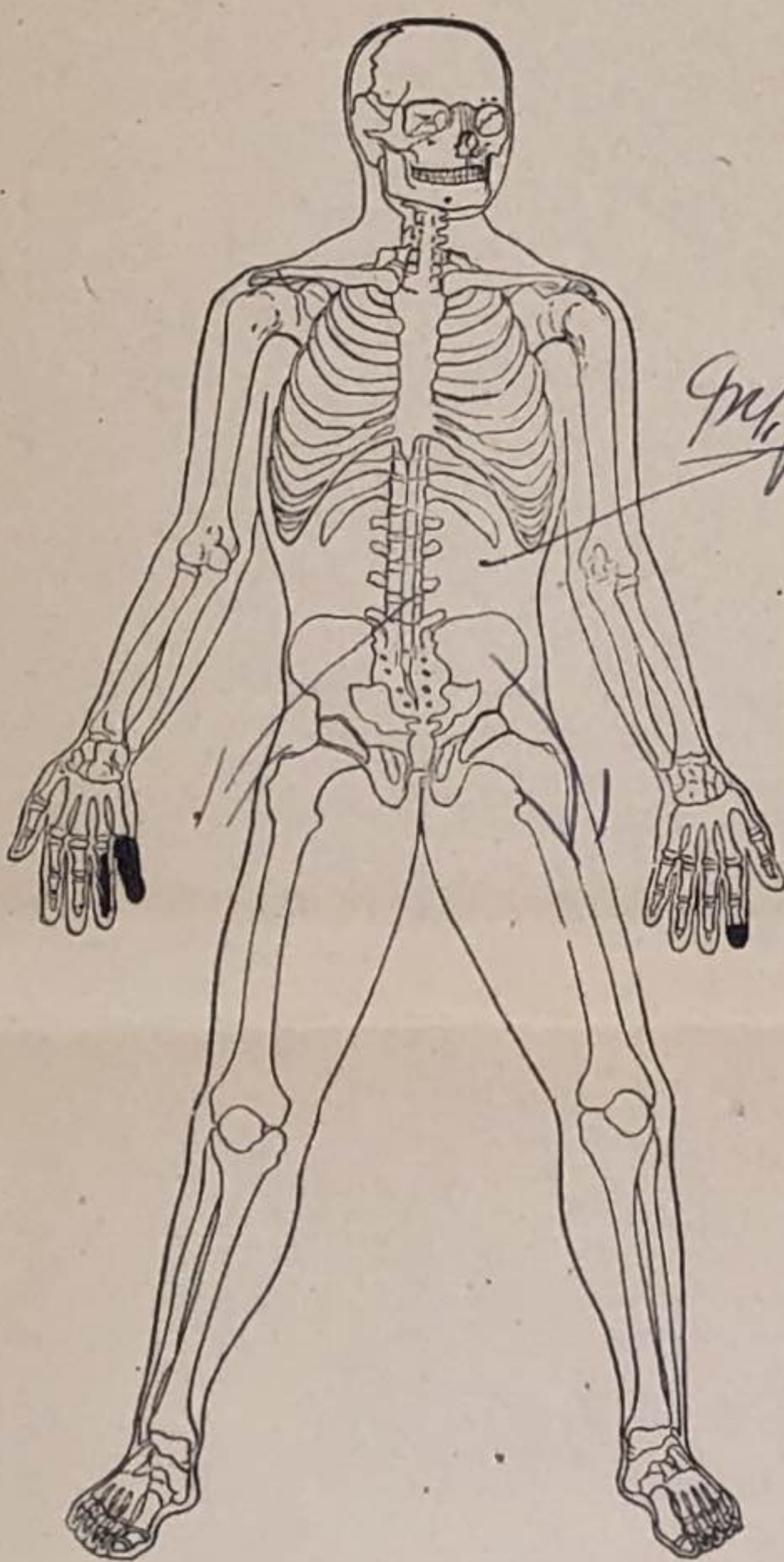
Post office, *Little Rock*,

County, *Ark.*

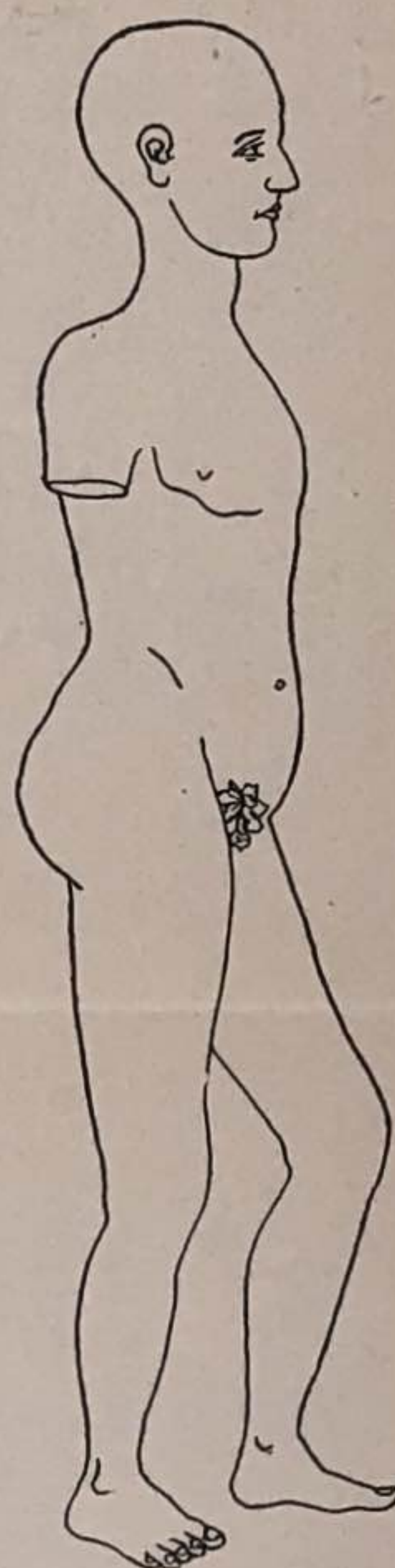
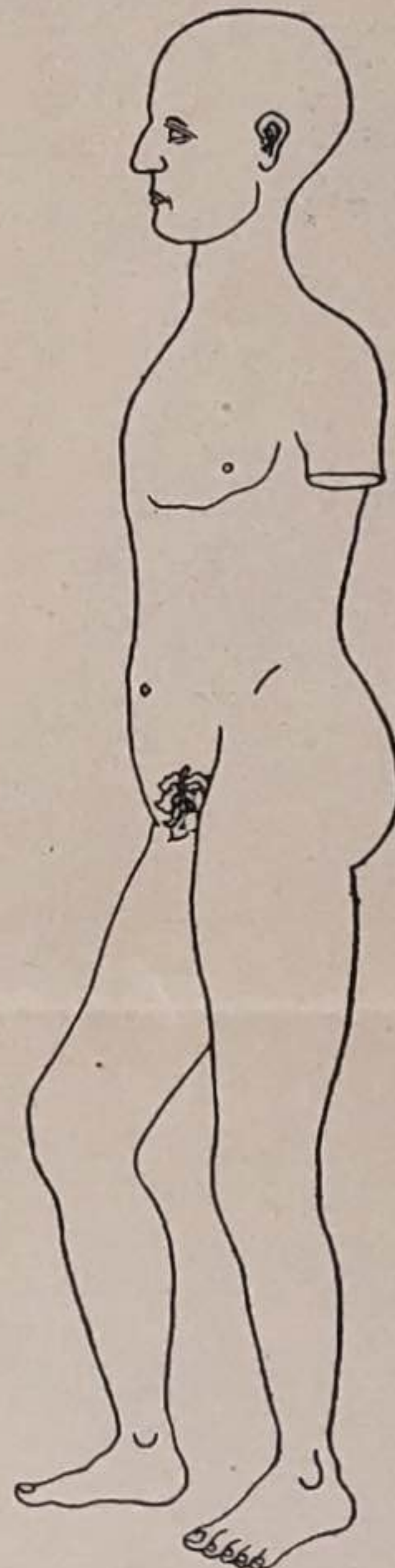
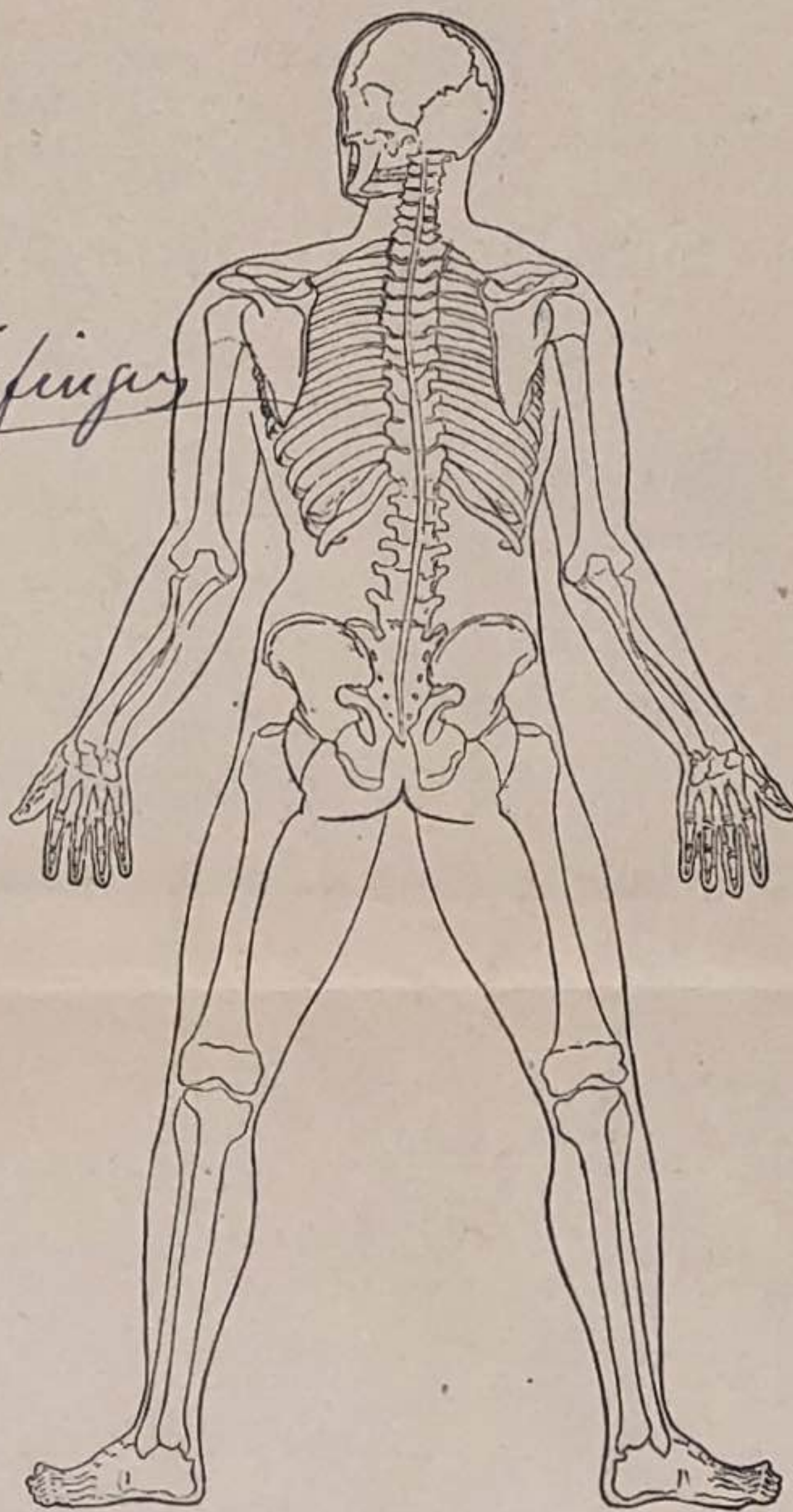
State, *Ark.*

P. S.—Write your Post-office address plainly and in full.

Simons



Griffing



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

GENERAL AFFIDAVIT.

State of Arkansas, County of Cleveland, ss:

In the matter of Frank Marks

Capt, 113th U.S. C. Inf (colored Infantry)

ON THIS 9th day of April, A. D. 1889, personally appeared before me
Notary Public

in and for the aforesaid County duly authorized to administer
oaths Frank Marks aged 36 years, a resident of Kingsland

in the County of Cleveland and State of Ark.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows:

NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.

That he was never at any time in
any naval or military service since
his discharge from Capt 113 U.S. C. Inf. 1863 or 4

Each of my missing fingers were lost by
being cut off by a saw while working at
a sawmill in Cleveland County Arkansas
in the year 1889 — My Captain name
was I as well as I can remember
my discharge was lost and can not
be found —

H Post-Office address is Kingsland Cleveland Co. Ark

further declare that I no interest in said case and not concerned
in its prosecution.

E. A. Gibson
R. A. Tucker

If Affiants sign by mark, two persons who write sign here.]

Frank Marks
mark

[Signatures of Affiants.]

STATE OF Arkansas, COUNTY OF Cleveland, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____

erased, and the words _____

added, and acquainted him with its contents before he executed the same. I further certify

that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is

personally known to me and that he is credible person.

E.A. Gibson

E.A. Gibson

Official Signature.

Notary Public

Official Character.

[L. S.]

I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 18 ____.

[L. S.]

Clerk of the _____

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

No. 1,103,067

ADDITIONAL EVIDENCE.

CLAIM OF

Frank Mank
Co K, 113rd U.S. Inf

AFFIDAVIT OF

Claimant

FILED BY



THORNTON
Pension and Claim Attorney
Box 295, Washington, D. C.

Printed and for sale by J. F. SHEERY, Claim Blank Printer,
623 D Street, N. W., Washington, D. C.

B

ACT OF JUNE 27, 1890.
DECLARATION FOR INVALID PENSION.

To be executed before a Clerk of a Court, Notary Public, or Justice of the Peace, WHO HAS A SEAL.

STATE OF Arkansas, COUNTY OF Cleveland, SS.

On this 29th day of March A. D. one thousand eight hundred and ninety-

two, personally appeared before me, Notary Public

within and for the County and State aforesaid,

Frank Mark, aged 56 years, a resident of

Kingsland, County of Cleveland, State of

Arkansas, who, being duly sworn according to law, declares that he is the identical

Frank Mark, who was ENROLLED on the fall day of

1863 in Co. K private of Regt U.S.C.T. Vols 113
(Here state rank, company, and regiment, if in Military service, or vessel, if in Navy).

(Co. K, 113rd U.S.C.T.)

in the War of the Rebellion, and served at least ninety days and was HONORABLY DISCHARGED at

Pine Bluff, about 4 months after enlistment. That he

is now unable to earn a support by reason of Rheumatism in shoulder
(Here name the disease or injuries from which disabled).

and small right finger and front left finger being off

. That said disabilities are not due to his vi-

cious habits, and are to the best of his knowledge and belief permanent. That he has not

applied for pension under application No. That he is a pensioner under Certificate No.

[If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, Richard Washington & Co.

of WASHINGTON, D. C., his true and lawful attorneys to prosecute his claim, the fee to be TEN DOLLARS, as pre-
scribed by law, paid only upon allowance of claim.

That his POST OFFICE ADDRESS is

Kingsland, County of Cleveland, State of Ark

Frank Mark

[Claimant's Signature]

mark

1 E. A. Gibson

J. E. Graham

[Two witnesses who write, sign here.]

This Blank is for the exclusive use of Richard Washington & Co.

This blank should be filled and executed at once and returned to us. Every day's delay is a loss to you, for your pension, if granted, will commence from date of filing the declaration.

R. E. THORNTON & Co.
U. S. Pension and Claim Attorneys
Box 295, Washington, D. C.

Also personally appeared J. C. Graham residing at Kingland
Alman, and C. F. White residing at
Kingland Alman, persons whom I certify to be respectable and
entitled to credit, and who, being by me duly sworn, say they were present and saw Frank Marks
the claimant, ~~sign his name~~ (or make his mark) to the foregoing declaration; that
they have every reason to believe from the appearance of said claimant and their acquaintance with him for
_____ years and _____ years respectively, that he is the identical person he repre-
sents himself to be; and that they have no interest in the prosecution of this claim.

J. C. Graham
C. F. White
(Signatures of witnesses.)

Sworn to and subscribed before me this 29th day of March, A. D. 1892

and I hereby certify that the contents of the above declaration, etc., were fully made known
and explained to the applicant and witnesses before swearing, including the words "sign his name"

[L. S.]

was _____ erased, and the words
_____ added; and that I have

no interest, direct or indirect, in the prosecution of this claim.

E. A. Gibson
[Signature.]
Notary Public
[Official character.]

The Act of June 27, 1890, REQUIRES in case of a soldier.

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service).
4. The rates under the Act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.



19-250

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME.	Frank Marks,
SERVICE.	P. Co. K, 113 rd U. S. Inf.
ADDRESS.	

REFERENCES.

We refer by permission to the following well-known public men.

Surgeon-General Moore, U. S. Army.
Hon. Chas Lyman, Pres. U. S. Civil Service Com.
U. S. Senator J. P. Jones, of Nevada.
U. S. Senator Pierce, of North Dakota.
U. S. Senator Leland Stanford, of California.
Hon. Geo. D. Wise, M. C. of Virginia.
Hon. Chas. Baker M. C. of New York.
Chas. A. James, Pres. of Nat. Bank of Washington.
Other references furnished if desired.

FILED BY
R. E. THURNTON
Richard Washington & Co.,
Box 235, Washington, D. C.

Washington, D. C.

Date of Execution

n R nolem
4-11-92
mrx

Dr. Sir
MRS

Circular Call No. 7.
(3-100.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 7, 1892

Mr. Frank Warko

late a private

Co. K, 113 Regiment, 1864

an applicant for

Original

Invalid Pension, No. 103,064

on account of disability from loss

of fingers from each

hand and thumb

Indian

of June 27, 1892

Comply fully with paragraph

1 of Instructions of 1890

has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,
Commissioner.

Dr. J. L. French

Little Rock

Co. Pulaski Ark

N. B.—Read the inside of this circular before examining a claimant.

(4002-200,000.)

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.

2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade*.

3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade*.

4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.

5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.

6. When disability falls below above-named grades, the ground of comparison should be ankylosis of wrist or ankle, and disabilities should be rated accordingly.

7. When disability is *greater* than that caused by ankylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.

8. The *Third* is the only grade subject to fractional divisions.

9. The lowest degree of disability pensionable is $\frac{1}{4}$.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—This Circular *must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."*

ABANDONED. (3-528) **FILED** June 27, 1890.
FILES SLIP.

No. 1103067

Frank Marks
& 112 cases

EXAMINER.

W B Bachman

189.....

189.....

Jan.

Feb.

Mar.

Apr.

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

ABANDONED.

OCT 4 1892

MINER

677199

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Frank Marks

Div.

Bureau of Pensions,

Ex'r.

June 3, 1892

No. 1103.067

Ans

SIR:

It is alleged that the above-named man enlisted

Salloy, 1863, and served as a private

in Co. H, 113 Reg't 4th Inf.

also as a _____ in Co. _____, Reg't _____

_____ and was discharged at

Pin Bluff, Ark

on _____, 1865.

No. of prior claim _____

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

Greenbaum

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

0-4

War Department,

Record and Pension Division,

JUN 4 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

mentioned in the preceding indorsement, was enrolled

_____ 186 _____, and _____ 186 _____,

The name Frank Marks, has not been found on rolls of Co. H, 113 N.Y.C. Inf. (Old & new copies)



BY AUTHORITY OF THE SECRETARY OF WAR:

McAinsworth

Colonel Major and Surgeon, U. S. Army.

Per M